


HEALTH RECORD		CHRONOLOGICAL RECORD OF MEDICAL CARE	
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (<i>Sign each entry</i>)		
Date _____ Time _____ HCP _____ T _____ Tobacco Use Y/N _____ Ppd _____ yrs _____ PRP Y/N _____ Allergies _____ _____ _____ Meds _____ _____ _____ _____	Family Practice Clinic 31st Medical Group Aviano AB, Italy		
	S: _____ y/o M/F c/o _____ days of SORE THROAT in > 15 yo		
	Also c/o: _____		
	Yes/No Temp > 101F (38.0 C)		
	Yes/No Cough absent		
	O: Oral pharyngeal: Yes/No Tonsillar exudate		
	Neck: Yes/No swollen tender anterior nodes		
	A: ____ 0-1 "yes" response = 2-7% chance of Strep no culture or antibiotics needed		
	____ 2-3 "yes" responses = 8-34% chance of Strep culture all, treat if positive		
	____ 4 "yes" responses = 41-61% chance of Strep culture all, treat on clinical grounds		
	P: ____ Probable viral sore throat (score = 0-1) - Written instructions reviewed with patient		
	____ Possible Strep throat (score = 2-3) - Throat culture obtained, written instructions reviewed with patient, will contact if throat culture is positive		
	____ Probable Strep throat (score = 4) - culture obtained, Treatment options discussed with patient and written instructions reviewed with patient		
	____ Patient chooses to initiate antibiotics		
	____ Patient chooses to wait for culture results		
	Antibiotic Rx:		
	____ Benzathine PCN G 1.2 million units IM		
	____ PEN VK 250mg qid x 10 days		
	____ Erythromycin 250mg qid x 10 days		
	P:		

PATIENT'S IDENTIFICATION (Use this space for Mechanical nprint)

RECORDS MAINTAINED AT: 			
PATIENT'S NAME (<i>Last, First, Middle Initial</i>)			SEX
RELATIONSHIP TO SPONSOR		STATUS	RANK/GRADE
SPONSOR'S NAME			ORGANIZATION
DEPART./SERVICE	SSN/IDENTIFICATION NO.		DATE OF BIRTH

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 STANDARD FORM 600 (REV. 5-8)
 Prescribed by GSA and ICMB

